

North Carolina 2022 Questionnaire Behavioral Risk Factor Surveillance System

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OMB Header and Introductory Text

Read if necessary	Read	Interviewer instructions (not read)
<p>Public reporting burden of this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061).</p>		<p>Form Approved OMB No. 0920-1061 Exp. Date 12/31/2024</p> <p>Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at ivk7@cdc.gov.</p>
	<p>HELLO, I am calling for the [STATE OF xxx] Department of Health. My name is (name). We are gathering information about the health of US residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.</p>	<p>States may opt not to mention the state name to avoid refusals by out of state residents in the cell phone sample.</p> <p>If cell phone respondent objects to being contacted by state where they have never lived, say: "This survey is conducted by all states and your information will be forwarded to the correct state of residence"</p>

Landline Introduction

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
LL01.	Is this [PHONE NUMBER]?	CTELENM1	1 Yes	Go to LL02		
			2 No	TERMINATE	Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.	
LL02.	Is this a private residence?	PVTRES1	1 Yes	Go to LL04	Read if necessary: By private residence we mean someplace like a house or apartment. Do not read: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year.	
			2 No	Go to LL03	If no, business phone only: thank you very	

					much but we are only interviewing persons on residential phones lines at this time. NOTE: Business numbers which are also used for personal communication are eligible.	
			3 No, this is a business		Read: Thank you very much but we are only interviewing persons on residential phones at this time. TERMINATE	
LL03.	Do you live in college housing?	COLGHOUS	1 Yes	Go to LL04	Read if necessary: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.	
			2 No	TERMINATE	Read: Thank you very much, but we are only interviewing persons who live in private residences or college housing at this time.	
LL04.		STATERE1	1 Yes	Go to LL05		

	Do you currently live in __ (state) ____ ?		2 No	TERMINATE	Thank you very much but we are only interviewing persons who live in [STATE] at this time.	
LL05.	Is this a cell phone?	CELPHONE	1 Yes, it is a cell phone	TERMINATE	Read: Thank you very much but we are only interviewing by landline telephones in private residences or college housing at this time.	
			2 Not a cell phone	Go to LL06	Read if necessary: By cell phone we mean a telephone that is mobile and usable outside your neighborhood. Do not read: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).	
LL06.	Are you 18 years of age or older?	LADULT1	1 Yes	IF COLLEGE HOUSING = "YES," CONTINUE; OTHERWISE GO TO ADULT RANDOM SELECTION]		
			2 No	IF COLLEGE HOUSING =	Read: Thank you very much	

				“YES,” Terminate; OTHERWISE GO TO ADULT RANDOM SELECTION]	but we are only interviewing persons aged 18 or older at this time.	
LL07.	Are you male or female?	COLGSEX	1 Male 2 Female	ONLY for respondents who are LL and COLGHOUS= 1. Go to Transition Section 1.	We ask this question to determine which health related questions apply to each respondent. For example, persons who report males as their sex at birth might be asked about prostate health issues.	
			3 Nonbinary 7 Don't know/Not sure 9 Refused	States may insert sex at birth state added question or sex at birth module here. States which do not opt to use the sex at birth module TERMINATE here.		
				TERMINATE	Thank you for your time, your number may be selected for another survey in the future.	
LL08.	I need to randomly select one adult who lives in your	NUMADULT	1	Go to LL09	Read: Are you that adult? If yes: Then you are the person I	

	household to be interviewed. Excluding adults living away from home, such as students away at college, how many members of your household, including yourself, are 18 years of age or older?				need to speak with. If no: May I speak with the adult in the household?	
			2-6 or more	Go to LL10.	If respondent questions why any specific individual was chosen, emphasize that the selection is random and is not limited to any certain age group or sex.	
LL09.	Are you male or female?	LANDSEX	1 Male 2 Female	GO to Transition Section 1.		
			3 Nonbinary 7 Don't know/Not sure 9 Refused	States may insert sex at birth state added question or sex at birth module here. States which do not opt to use the sex at birth module TERMINATE here.		
					Thank you for your time, your number may be selected for another survey in the future.	
LL10.	How many of these adults are men?	NUMMEN	-- Number 77 Don't know/ Not sure			

			99 Refused			
LL11.	So the number of women in the household is [X]. Is that correct?	NUMWOMEN			Do not read: Confirm the number of adult women or clarify the total number of adults in the household. Read: The persons in your household that I need to speak with is [Oldest/Youngest/Middle//Male/Female].	
					If the number of adult males and adult females does not add to the total number of adults due to some members of the household's gender identity, the interview may continue.	
LL12	The person in your household that I need to speak with is [Oldest/Youngest/Middle//Male/Female]. Are you the [Oldest/Youngest/Middle//Male/Female] in this household?	RESPSLCT	1 Male 2 Female	If person indicates that they are not the selected respondent, ask for correct respondent and re-ask LL12. (See CATI programming)		

			7 Don't know/Not sure 9 Refused	TERMINATE	Thank you for your time, your number may be selected for another survey in the future.	
Transition to Section 1.			I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call (give appropriate state		Do not read: Introductory text may be reread when selected respondent is reached. Do not read: The sentence "Any information you give me will not be connected to any personal information" may be replaced by "Any personal information that you provide will not be used to identify you." If the state coordinator approves the change.	

			telephone number).			
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Cell Phone Introduction

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CP01.	Is this a safe time to talk with you?	SAFETIME	1 Yes	Go to CP02		
			2 No	([set appointment if possible]) TERMINATE]	Thank you very much. We will call you back at a more convenient time.	
CP02.	Is this [PHONE NUMBER]?	CTELNUM 1	1 Yes	Go to CP03		
			2 No	TERMINATE		
CP03.	Is this a cell phone?	CELLFON5	1 Yes	Go to CADULT1		
			2 No	TERMINATE	If "no": thank you very much, but we are only interviewing persons on cell telephones at this time	
CP04.	Are you 18 years of age or older?	CADULT1	1 Yes			
			2 No	TERMINATE	Read: Thank you very much but we are only interviewing persons aged 18 or older at this time.	
CP05.	Are you male or female?	CELLSEX	1 Male 2 Female		We ask this question to determine which	

					health related questions apply to each respondent. For example, persons who report males as their sex at birth might be asked about prostate health issues.	
			3 Nonbinary 7 Don't know/Not sure 9 Refused	States may insert sex at birth state added question or sex at birth module here. States which do not opt to use the sex at birth module TERMINATE here.		
				TERMINATE	Thank you for your time, your number may be selected for another survey in the future.	
CP06.	Do you live in a private residence?	PVTRES D3	1 Yes	Go to CP08	Read if necessary: By private residence we mean someplace	

					like a house or apartment Do not read: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year.	
			2 No	Go to CP07		
CP07.	Do you live in college housing?	CCLGHOU S	1 Yes	Go to CP08	Read if necessary: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.	
			2 No	TERMINATE	Read: Thank you very much, but we are only interviewing	

					persons who live in private residences or college housing at this time.	
CP08.	Do you currently live in____(state)____?	CSTATE1	1 Yes	Go to CP10		
			2 No	Go to CP09		
CP09.	In what state do you currently live?	RSPSTAT1	1 Alabama 2 Alaska 4 Arizona 5 Arkansas 6 California 8 Colorado 9 Connecticut 10 Delaware 11 District of Columbia 12 Florida 13 Georgia 15 Hawaii 16 Idaho 17 Illinois 18 Indiana 19 Iowa 20 Kansas 21 Kentucky 22 Louisiana 23 Maine 24 Maryland 25 Massachusetts 26 Michigan 27 Minnesota 28 Mississippi 29 Missouri 30 Montana 31 Nebraska 32 Nevada 33 New Hampshire 34 New Jersey			

			35 New Mexico 36 New York 37 North Carolina 38 North Dakota 39 Ohio 40 Oklahoma 41 Oregon 42 Pennsylvania 44 Rhode Island 45 South Carolina 46 South Dakota 47 Tennessee 48 Texas 49 Utah 50 Vermont 51 Virginia 53 Washington 54 West Virginia 55 Wisconsin 56 Wyoming 66 Guam 72 Puerto Rico 78 Virgin Islands			
			77 Live outside US and participating territories 99 Refused	TERMINATE	Read: Thank you very much, but we are only interviewing persons who live in the US.	
CP10.	Do you also have a landline telephone in your home that is used to make	LANDLINE	1 Yes 2 No 7 Don't know/ Not sure 9 Refused		Read if necessary: By landline telephone, we mean a regular	

	and receive calls?				telephone in your home that is used for making or receiving calls. Please include landline phones used for both business and personal use.	
CP11.	How many members of your household, including yourself, are 18 years of age or older?	HHADULT	__ Number 77 Don't know/ Not sure 99 Refused	If CP07 = yes then number of adults is automatically set to 1		
Transition to section 1.			I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information.			

			If you have any questions about the survey, please call (give appropriate state telephone number).			
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Core Section 1: Health Status

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CHS.01	Would you say that in general your health is—	GENHLTH	Read: 1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor Do not read: 7 Don't know/Not sure 9 Refused			

Core Section 2: Healthy Days

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CHD.01	Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?	PHYSHLTH	__ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused		88 may be coded if respondent says "never" or "none" It is not necessary to ask respondents to provide a number if they indicate that this never occurs.	
CHD.02	Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?	MENTHLTH	__ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused		88 may be coded if respondent says "never" or "none" It is not necessary to ask respondents to provide a number if they indicate that this never occurs.	
				Skip CHD.03 if CHD.01, PHYSHLTH, is 88 and CHD.02,		

				MENTHLTH, is 88		
CHD.03	During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?	POORHLTH	__ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused		88 may be coded if respondent says "never" or "none" It is not necessary to ask respondents to provide a number if they indicate that this never occurs.	

Core Section 3: Health Care Access

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CHCA.01	What is the current primary source of your health insurance?		<u>Read if necessary:</u> 01 A plan purchased through an employer or union (including plans purchased through another person's employer) 02 A private nongovernmental plan that you or another family member buys on your own 03 Medicare 04 Medigap 05 Medicaid 06 Children's Health Insurance Program (CHIP) 07 Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP- VA 08 Indian Health Service 09 State sponsored health plan 10 Other government program		If respondent has multiple sources of insurance, ask for the one used most often. If respondents give the name of a health plan rather than the type of coverage ask whether this is insurance purchased independently, through their employer, or whether it is through Medicaid or CHIP.	

			88 No coverage of any type 77 Don't Know/Not Sure 99 Refused			
CHCA.02	Do you have one person (or a group of doctors) that you think of as your personal health care provider?		1 Yes, only one 2 More than one 3 No 7 Don't know / Not sure 9 Refused		If no, read: Is there more than one, or is there no person who you think of as your personal doctor or health care provider? NOTE: if the respondent had multiple doctor groups then it would be more than one—but if they had more than one doctor in the same group it would be one.	
CHCA.03	Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CHCA.04	About how long has it been since you last visited a doctor for a	CHECKUP1	Read if necessary: 1 Within the past year (anytime less than 12 months ago)		Read if necessary: A routine checkup is a general physical exam, not an exam for a specific injury,	

	routine checkup?		2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 5 years (2 years but less than 5 years ago) 4 5 or more years ago Do not read: 7 Don't know / Not sure 8 Never 9 Refused		illness, or condition.	
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NC Module 1: Adult Insurance:

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
NC01Q01	In the PAST 12 MONTHS was there any time when you did NOT have ANY health insurance or coverage?	If CHCA.01 ≠ 77 88 99 (R has insurance) 1 Yes 2 No 7 DK/NS 9 Refused	Go to NC01Q03 Go to NC01Q03 Go to NC01Q03 Go to NC01Q03	
NC01Q02	About how long has it been since you last had health care coverage?	If CHCA.01 = 77 88 99 (R does NOT have insurance) 1 Six months or less 2 More than 6 months, but not more than 1 year ago 3 More than 1 year, but not more than 3 years ago 4 More than 3 years 5 Never 7 DK/NS 9 Refused		
NC01Q03	Do you have any kind of insurance coverage that pays for some or all of your routine dental care including dental insurance prepaid plans such as HMOs or government plans such as Medicaid?	1 Yes 2 No 7 DK/NS 9 Refused		

Core Section 4: Exercise

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CEX.01	During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?	EXERANY2	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Do not read: If respondent does not have a regular job or is retired, they may count any physical activity or exercise they do	

Core Section 5: Inadequate Sleep

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C06.01	On average, how many hours of sleep do you get in a 24-hour period?	SLEPTIM1	__ Number of hours [01-24] 77 Don't know / Not sure 99 Refused		Do not read: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.	

Core Section 6: Oral Health

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
COH.01	Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason?	LASTDEN4	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 5 years (2 years but less than 5 years ago) 4 5 or more years ago Do not read: 7 Don't know / Not sure 8 Never 9 Refused			129
COH.02	Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease?	RMVTETH4	Read if necessary: 1 1 to 5 2 6 or more but not all 3 All 8 None Do not read: 7 Don't know / Not sure 9 Refused		Read if necessary: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.	130

Core Section 7: Chronic Health Conditions

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
Prologue	Has a doctor, nurse, or other health professional ever told you that you had any of the following? For each, tell me Yes, No, Or You're Not Sure.					
CCHC.01	Ever told you that you had a heart attack also called a myocardial infarction?	CVDINFR4	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CCHC.02	(Ever told) (you had) angina or coronary heart disease?	CVDCRHD4	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CCHC.03	(Ever told) (you had) a stroke?	CVDSTRK3	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CCHC.04	(Ever told) (you had) asthma?	ASTHMA3	1 Yes			
			2 No 7 Don't know / Not sure 9 Refused	Go to CCHC.06		
CCHC.05	Do you still have asthma?	ASTHNOW	1 Yes 2 No			

			7 Don't know / Not sure 9 Refused			
CCHC.06	(Ever told) (you had) skin cancer that is not melanoma?	***NEW***	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CCHC.07	(Ever told) (you had) any melanoma or any other types of cancer?	***NEW***	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CCHC.08	(Ever told) (you had) C.O.P.D. (chronic obstructive pulmonary disease), emphysema or chronic bronchitis?	CHCCOPD3	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CCHC.09	(Ever told) (you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)?	ADDEPEV3	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CCHC.10	Not including kidney stones, bladder infection or incontinence, were you ever told you had kidney disease?	CHCKDNY2	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: Incontinence is not being able to control urine flow.	

CCHC.11	(Ever told) (you had) some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?	HAVARTH4	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Do not read: Arthritis diagnoses include: rheumatism, polymyalgia rheumatic, osteoarthritis (not osteoporosis), tendonitis, bursitis, bunion, tennis elbow, carpal tunnel syndrome, tarsal tunnel syndrome, joint infection, Reiter's syndrome, ankylosing spondylitis; spondylosis, rotator cuff syndrome, connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome, vasculitis, giant cell arteritis, Henoch- Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)	
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NC Module 02: Arthritis Burden

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
			If CCHC.11>1 go to CCHC.12 (R not diagnosed with arthritis)	
NC02Q01	Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms?	1 Yes 2 No 7 DK/NS 9 Refused		
NC0Q02	Have you ever taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?	1 Yes 2 No 7 DK/NS 9 Refused		

Core Section 7: Chronic Health Conditions (continued)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CCHC.12	(Ever told) (you had) diabetes?	DIABETE4	1 Yes		If yes and respondent is female, ask: was this only when you were pregnant? If respondent says pre-diabetes or borderline diabetes, use response code 4.	
			2 Yes, but female told only during pregnancy 3 No 4 No, pre-diabetes or borderline diabetes	Go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.		

			7 Don't know / Not sure 9 Refused			
CCHC.13	How old were you when you were first told you had diabetes?	DIABAGE3	__ Code age in years [97 = 97 and older] 98 Don't know / Not sure 99 Refused	Go to Diabetes Module if used, otherwise go to next section.		

Core Section 8: Demographics

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CDEM.01	What is your age?	AGE	__ Code age in years 07 Don't know / Not sure 09 Refused			
CDEM.02	Are you Hispanic, Latino/a, or Spanish origin?	HISPANC3	If yes, read: Are you... 1 Mexican, Mexican American, Chicano/a 2 Puerto Rican 3 Cuban 4 Another Hispanic, Latino/a, or Spanish origin Do not read: 5 No 7 Don't know / Not sure 9 Refused		One or more categories may be selected.	
CDEM.03	Which one or more of the following would you	MRACE1	Please read: 10 White 20 Black or African American	.	If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories	

	say is your race?		30 American Indian or Alaska Native 40 Asian 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian 50 Pacific Islander 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander Do not read: 88 No choices 77 Don't know / Not sure 99 Refused		underneath major heading. One or more categories may be selected. If respondent indicates that they are Hispanic for race, please read the race choices.	
				If more than one response to CDEM.03; continue. Otherwise , go to CDEM.05		
CDEM.04	Which one of these groups would you	ORACE3	Please read: 10 White 20 Black or African American		If 40 (Asian) or 50 (Pacific Islander) is selected read	

	say best represents your race?		30 American Indian or Alaska Native 40 Asian 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian 50 Pacific Islander 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander Do not read: 77 Don't know / Not sure 99 Refused		and code subcategories underneath major heading. If respondent has selected multiple races in previous and refuses to select a single race, code refused	
				If using SOGI module, insert here. Sex at birth module may be inserted here if not used in the screening section.		

CDEM.0 5	Are you...	MARITAL	Please read: 1 Married 2 Divorced 3 Widowed 4 Separated 5 Never married Or 6 A member of an unmarried couple Do not read: 9 Refused			
CDEM.0 6	What is the highest grade or year of school you completed ?	EDUCA	Read if necessary: 1 Never attended school or only attended kindergarten 2 Grades 1 through 8 (Elementary) 3 Grades 9 through 11 (Some high school) 4 Grade 12 or GED (High school graduate) 5 College 1 year to 3 years (Some college or technical school) 6 College 4 years or more (College graduate) Do not read: 9 Refused			
CDEM.0 7	Do you own or rent your home?	RENTHOM 1	1 Own 2 Rent 3 Other arrangement 7 Don't know / Not sure 9 Refused		Other arrangement may include group home, staying with friends or family without paying rent. Home is defined as the place where you live most of	

					the time/the majority of the year. Read if necessary: We ask this question in order to compare health indicators among people with different housing situations.	
CDEM.08	In what county do you currently live?	CTYCODE2	___ANSI County Code 777 Don't know / Not sure 999 Refused 888 County from another state			
CDEM.09	What is the ZIP Code where you currently live?	ZIPCODE1	----- 77777 Do not know 99999 Refused			
				If cell interview go to CDEM12		
CDEM.10	Not including cell phones or numbers used for computers , fax machines or security systems, do you have more than one landline telephone	NUMHHOL3	1 Yes			
			2 No 7 Don't know / Not sure 9 Refused	Go to CDEM.12		

	number in your household ?					
CDEM.1 1	How many of these landline telephone numbers are residential numbers?	NUMPHON 3	__ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused			
CDEM.1 2	How many cell phones do you have for your personal use?	CPDEMO1B	__ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused	Last question needed for partial complete.	Do not include cell phones that are used exclusively by other members of your household . Read if necessary: Include cell phones used for both business and personal use.	
CDEM.1 3	Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a	VETERAN3	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: Active duty does not include training for the Reserves or National Guard, but DOES	

	National Guard or military reserve unit?				include activation, for example, for the Persian Gulf War.	
CDEM.1 4	Are you currently... ?	EMPLOY1	Read: 1 Employed for wages 2 Self-employed 3 Out of work for 1 year or more 4 Out of work for less than 1 year 5 A Homemaker 6 A Student 7 Retired Or 8 Unable to work Do not read: 9 Refused		If more than one, say "select the category which best describes you".	
CDEM.1 5	How many children less than 18 years of age live in your household ?	CHILDREN	_ _ Number of children 88 None 99 Refused			
CDEM.1 6	Is your annual household income from all sources—	***NEW** *	Read if necessary: 01 Less than \$10,000? 02 Less than \$15,000? (\$10,000 to less than \$15,000) 03 Less than \$20,000? (\$15,000 to less than \$20,000) 04 Less than \$25,000 05 Less than \$35,000 If (\$25,000 to less than \$35,000) 06 Less than \$50,000 If (\$35,000 to less than \$50,000) 07 Less than \$75,000? (\$50,000 to less than \$75,000)	SEE CATI information of order of coding; Start with category 05 and move up or down categories.	If respondent refuses at ANY income level, code '99' (Refused)	

			08 Less than \$100,000? (\$75,000 to less than \$100,000) 09 Less than \$150,000? (\$100,000 to less than \$150,000)? 10 Less than \$200,000? (\$150,000 to less than \$200,000) 11 \$200,000 or more Do not read: 77 Don't know / Not sure 99 Refused			
				Skip if Male (MSAB.01, BIRTHSEX, is coded 1). If MSAB.01=missing and (CP05=1 or LL12=1; or LL09 = 1 or LL07 =1). Or Age >49		
CDEM.17	To your knowledge, are you now pregnant?	PREGNANT	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CDEM.18	About how much do you weigh without shoes?	WEIGHT2	_ _ _ _ Weight (pounds/kilograms) 7777 Don't know / Not sure 9999 Refused		If respondent answers in metrics, put 9 in first column. Round fractions up	
CDEM.19	About how tall are you without shoes?	HEIGHT3	_ _ / _ _ Height (ft / inches/meters/centimeters) 77/ 77 Don't know / Not sure 99/ 99 Refused		If respondent answers in metrics, put 9 in first column. Round	

					fractions down	
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Core Section 9: Disability

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CDIS.01	Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone. Are you deaf or do you have serious difficulty hearing?	DEAF	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CDIS.02	Are you blind or do you have serious difficulty seeing, even when wearing glasses?	BLIND	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CDIS.03	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	DECIDE	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CDIS.04	Do you have serious difficulty	DIFFWALK	1 Yes 2 No 7 Don't know / Not sure			

	walking or climbing stairs?		9 Refused			
CDIS.05	Do you have difficulty dressing or bathing?	DIFFDRES	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CDIS.06	Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	DIFFALON	1 Yes 2 No 7 Don't know / Not sure 9 Refused			

Core Section 10: Breast and Cervical Cancer Screening

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				Skip to next module if sex/ sex at birth = male		
CBCCS.01	(The next questions are about breast and cervical cancer.) Have you ever had a mammogram?	HADMAM	1 Yes 2 No 7 Don't know/ not sure 9 Refused	Go to CBCCS.03	A mammogram is an x-ray of each breast to look for breast cancer.	

CBCCS.02	How long has it been since you had your last mammogram?	HOWLONG	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago 7 Don't know / Not sure 9 Refused			
CBCCS.03	Have you ever had a cervical cancer screening test?		1 Yes			
			2 No 7 Don't know/ not sure 9 Refused	Go to CBCCS.07		
CBCCS.04	How long has it been since you had your last cervical cancer screening test?		Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago)			

			3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago			
			7 Don't know / Not sure 9 Refused			
CBCCS.05	At your most recent cervical cancer screening, did you have a Pap test?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CBCCS.06	At your most recent cervical cancer screening, did you have an H.P.V. test?		1 Yes 2 No 7 Don't know / Not sure 9 Refused		H.P.V. stands for Human papillomavirus (pap-uh-loh-muh virus)	
				If response to Core CDEM.17 = 1 (is pregnant) do not ask and go to next module.		
CBCCS.07	Have you had a hysterectomy?	HADHYST2	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: A hysterectomy is an operation to remove the uterus (womb).	

Core Section 11: Colorectal Cancer Screening

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If Section CDEM.01 , AGE, is less than 45 go to next module.		
CCRC.01	Colonoscopy and sigmoidoscopy are exams to check for colon cancer. Have you ever had either of these exams?	HADSIGM3	1 Yes	Go to CCRC.02		
			2 No 7 Don't know/ not sure 9 Refused	Go to CCRC.06		
CCRC.02	Have you had a colonoscopy, a sigmoidoscopy, or both?		1 Colonoscopy	Go to CCRC.03		
			2 Sigmoidoscopy	Go to CCRC.04		
			3 Both	Go to CCRC.03		
			7 Don't know/Not sure	Go to CCRC.05		
			9 Refused	Go to CCRC.06		
CCRC.03	How long has it been since your most recent colonoscopy?		Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago)	Go to CCRC.06		

			3 Within the past 5 years (2 years but less than 5 years ago) 4 Within the past 10 years (5 years but less than 10 years ago) 5 10 or more years ago Do not read: 7 Don't know / Not sure 9 Refused			
CCRC.04	How long has it been since your most recent sigmoidoscopy ?		Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 5 years (2 years but less than 5 years ago) 4 Within the past 10 years (5 years but less than 10 years ago) 5 10 or more years ago Do not read: 7 Don't know / Not sure 9 Refused	Go to CCRC.06		
CCRC.05	How long has it been since your most recent	LASTSIG3	Read if necessary:			

	colonoscopy or sigmoidoscopy ?		<p>1 Within the past year (anytime less than 12 months ago)</p> <p>2 Within the past 2 years (1 year but less than 2 years ago)</p> <p>3 Within the past 5 years (2 years but less than 5 years ago)</p> <p>4 Within the past 10 years (5 years but less than 10 years ago)</p> <p>5 10 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>			
CCRC.06	Have you ever had any other kind of test for colorectal cancer, such as virtual colonoscopy, CT colonography, blood stool test, FIT DNA, or Cologuard test?		1 Yes	Go to CCRC.07		
			<p>2 No</p> <p>7 Don't Know/Not sure</p> <p>9 Refused</p>	Go to Next Module		

CCRC.07	A virtual colonoscopy uses a series of X-rays to take pictures of inside the colon. Have you ever had a virtual colonoscopy?		1 Yes	Go to CCRC.08	CT colonography, sometimes called virtual colonoscopy, is a new type of test that looks for cancer in the colon. Unlike regular colonoscopies, you do not need medication to make you sleepy during the test. In this new test, your colon is filled with air and you are moved through a donut-shaped X-ray machine as you lie on your back and then your stomach.	
			2 No 7 Don't Know/Not sure 9 Refused	Go to CCRC.09		
CCRC.08	When was your most recent CT colonography or virtual colonoscopy?		Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 5 years (2 years but less than 5 years ago) 4 Within the past 10 years (5 years but less than 10 years ago)			

			5 10 or more years ago Do not read: 7 Don't know / Not sure 9 Refused			
CCRC.09	One stool test uses a special kit to obtain a small amount of stool at home and returns the kit to the doctor or the lab. Have you ever had this test?		1 Yes	Go to CCRC.10	The blood stool or occult blood test, fecal immunochemical or FIT test determine whether you have blood in your stool or bowel movement and can be done at home using a kit. You use a stick or brush to obtain a small amount of stool at home and send it back to the doctor or lab.	
			2 No 7 Don't know/ not sure 9 Refused	Go to CCRC.11		
CCRC.10	How long has it been since you had this test?		Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less			

			than 5 years ago) 5 5 or more years ago Do not read: 7 Don't know / Not sure 9 Refused Do not read: 7 Don't know / Not sure 9 Refused			
CCRC.11	Another stool test uses a special kit to obtain an entire bowel movement at home and returns the kit to a lab. Have you ever had this test?		1 Yes	Go to CCRC.12		
			2 No 7 Don't Know/Not sure 9 Refused	Go to Next Module		
CCRC.12	Was the blood stool or FIT (you reported earlier) conducted as part of a Cologuard test?		1 Yes 2 No 7 Don't Know/Not sure 9 Refused		Cologuard is a new type of stool test for colon cancer. Unlike other stool tests, Cologuard looks for changes in DNA in addition to checking for blood in your stool. The Cologuard test is shipped to your home in a box that includes a container for your stool sample.	
CCRC.13	How long has it been since you had this test?		Read if necessary: 1 Within the past year			

			(anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago Do not read: 7 Don't know / Not sure 9 Refused			
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Core Section 12: Tobacco Use

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CTOB.01	Have you smoked at least 100 cigarettes in your entire life?	SMOKE100	1 Yes		Do not include: electronic cigarettes (e-cigarettes, njoy, bluetip, JUUL), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana.	

					5 packs = 100 cigarettes.	
			2 No 7 Don't know/Not Sure 9 Refused	Go to CTOB.03		
CTOB.02	Do you now smoke cigarettes every day, some days, or not at all?	SMOKDAY2	1 Every day 2 Some days 3 Not at all 7 Don't know / Not sure 9 Refused			
CTOB.03	Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?	USENOW3	1 Every day 2 Some days 3 Not at all 7 Don't know / Not sure 9 Refused		Read if necessary: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.	
CTOB.04	Would you say you have never used e-cigarettes or other electronic vaping products in your entire life or now use them every day, use them some days, or used them in the past but do not currently use them at all?		1 Never used e-cigarettes in your entire life 2 Use them every day 3 Use them some days 4 Not at all (right now) Do not read: 7 Don't know / Not sure 9 9 Refused		Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy. Brands you may have heard of are	

					JUUL, NJOY, or blu. Interviewer note: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.	
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Core Section 13: Lung Cancer Screening

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If CTOB.01=1 (yes) and CTOB.02 = 1, 2, or 3 (every day, some days, or not at all) continue, else go to LCSCCTSCN.		
CLC.01	You've told us that you have smoked in the past or are currently	LCSFIRST	___ Age in Years (001 – 100) 777 Don't know/Not sure		Regularly is at least one cigarette or more on days that a	

	<p>smoking. The next questions are about screening for lung cancer.</p> <p>How old were you when you first started to smoke cigarettes regularly?</p>		<p>999 Refused</p> <p>888 Never smoked cigarettes regularly</p>	<p>Go to LCSC TSCN</p>	<p>respondent smokes (either every day or some days) or smoked (not at all).</p> <p>If respondent indicates age inconsistent with previously entered age, verify that this is the correct answer and change the age of the respondent regularly smoking or make a note to correct the age of the respondent.</p>	
CLC.02	How old were you when you last smoked cigarettes regularly?	LCSLAST	<p>___ Age in Years (001 – 100)</p> <p>777 Don't know/Not sure</p> <p>999 Refused</p>			
CLC.03	On average, when you [smoke/smoked] regularly, about how many cigarettes {do/did} you usually smoke each day?	LCSNUMCG	<p>___ Num</p> <p>ber of cigarettes</p> <p>777 Don't know/Not sure</p> <p>999 Refused</p>		<p>Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all). Respondents may answer in packs instead of number of</p>	

					cigarettes. Below is a conversion table: 0.5 pack = 10 cigarettes/ 1.75 pack = 35 cigarettes/ 0.75 pack = 15 cigarettes/ 2 packs = 40 cigarettes/ 1 pack = 20 cigarettes/ 2.5 packs= 50 cigarettes/ 1.25 pack = 25 cigarettes/ 3 packs= 60 cigarettes/ 1.5 pack = 30 cigarettes	
CLC.04	The next question is about CT or CAT scans of your chest area. During this test, you lie flat on your back and are moved through an open, donut shaped x-ray machine. Have you ever had a CT or CAT scan of your chest area?		1 Yes			
			2 No 7 Don't know/not sure 9 Refused	Go to next section		
CLC.05	Were any of the CT or CAT scans of your chest area done mainly to check or		1 Yes			
			2 No 7 Don't know/not sure 9 Refused	Go to Next section		

	screen for lung cancer?					
CLC.06	When did you have your most recent CT or CAT scan of your chest area mainly to check or screen for lung cancer?		Read only if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years) 3 Within the past 3 years (2 years but less than 3 years) 4 Within the past 5 years (3 years but less than 5 years) 5 Within the past 10 years (5 years but less than 10 years ago) 6 10 or more years ago Do not read: 7 Don't know / Not sure 9 Refused			

Core Section 14: Alcohol Consumption

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
Prologue	The next questions concern alcohol consumption. One drink of alcohol is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.					
CALC.01	During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?	ALCDAY5	1 __ Days per week 2 __ Days in past 30 days 888 No drinks in past 30 days 777 Don't know / Not sure 999 Refused	Go to next section	Read if necessary: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.	
CALC.02	During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?	AVEDRNK3	__ Number of drinks 88 None 77 Don't know / Not sure 99 Refused		Read if necessary: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.	
CALC.03	Considering all types of alcoholic beverages, how many times during	DRNK3GE5	__ Number of times 77 Don't know / Not sure 88 no days	CATI X = 5 for men, X = 4 for women (states may use		

	the past 30 days did you have X [CATI X = 5 for men, X = 4 for women] or more drinks on an occasion?		99 Refused	sex at birth to determine sex if module is adopted)		
CALC.04	During the past 30 days, what is the largest number of drinks you had on any occasion?	MAXDRNKS	__ Number of drinks 77 Don't know / Not sure 99 Refused			

Core Section 15: Immunization

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CIMM.01	During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or a flu shot injected into your arm?	FLUSHOT7	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to CIMM.03	Read if necessary: A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.	
CIMM.02	During what month and year did you receive your most recent flu vaccine that was sprayed in your nose or flu shot	FLSHTMY3	__ / ____ Month / Year 77 / 7777 Don't know / Not sure 09 / 9999 Refused			

	injected into your arm?					
CIMM.03	Have you ever had a pneumonia shot also known as a pneumococcal vaccine?	PNEUVAC4	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: There are two types of pneumonia shots: polysaccharide, also known as Pneumovax, and conjugate, also known as Prevnar.	
CIMM.04	Have you received a tetanus shot in the past 10 years?	TETANUS2	1 Yes, received Tdap 2 Yes, received tetanus shot, but not Tdap 3 Yes, received tetanus shot but not sure what type 4 No, did not receive any tetanus shot in the past 10 years 7 Don't know/Not sure 9 Refused		If yes, ask: Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?	

Core Section 16: H.I.V./AIDS

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CHIV.01	Including fluid testing from your mouth, but not including tests you may have had for blood donation, have you ever been tested for H.I.V?	HIVTST7	1 Yes		Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.	
			2 No 7 Don't know/ not sure 9 Refused	Go to CHIV.03		
CHIV.02	Not including blood donations, in what month and year was your last H.I.V. test?	HIVTSTD3	___/____ Code month and year 77/ 7777 Don't know / Not sure 99/ 9999 Refused	If response is before January 1985, code "777777".	INTERVIEWER NOTE: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.	
CHIV.03	I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.	HIVRISK5	1 Yes 2 No 7 Don't know / Not sure 9 Refused			263

	<p>You have injected any drug other than those prescribed for you in the past year.</p> <p>You have been treated for a sexually transmitted disease or STD in the past year.</p> <p>You have given or received money or drugs in exchange for sex in the past year.</p> <p>You had anal sex without a condom in the past year.</p> <p>You had four or more sex partners in the past year.</p> <p>Do any of these situations apply to you?</p>					
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Emerging Core: Long-term COVID Effects

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
COVID.0 1	Has a doctor, nurse, or other health professional ever told you that you tested positive for COVID 19?	***NEW** *	1 Yes 3 Tested positive using home test without health professional		Positive tests include antibody or blood testing as well as other forms of testing for COVID, such a nasal swabbing or throat swabbing including home tests. Do not include instances where a healthcare professional told you that you likely had the virus without a test to confirm.	
			2 No 7 Don't know / Not sure 9 Refused	Go to next section		
COVID.0 2	Did you have any symptoms lasting 3 months or longer that you did not have prior to having coronavirus	***NEW** *	1 Yes		Long term conditions may be an indirect effect of COVID 19. These long term conditions may not be related to	
			2 No 7 Don't know / Not sure 9 Refused	Go to next section		

	or COVID-19?				the virus itself	
COVID.03	Which of the following was the primary symptom that you experienced ? Was it....	***NEW** *	READ 1 Tiredness or fatigue 2 Difficulty thinking or concentrating or forgetfulness/memory problems (sometimes referred to as “brain fog”) 3 Difficulty breathing or shortness of breath 4 Joint or muscle pain 5 Fast-beating or pounding heart (also known as heart palpitations) or chest pain 6 Dizziness on standing 7 Depression, anxiety, or mood changes 8 Symptoms that get worse after physical or mental activities 9 You did not have any long-term symptoms that limited your activities. 77 Don’t know/Not sure 99 Refused			

CDC Optional Modules

Module 7: COVID Vaccination

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
MCOV.01	Have you received at least one dose of a COVID-19 vaccination?	***NEW***	1 Yes	Go to MCOV.03 (COVIDNUM)		
			2 No	Go to MCOV.02 (COVACGET)		
			7 Don't know / Not sure 9 Refused	Go to next section		
MCOV.02	Would you say you will definitely get a vaccine, will probably get a vaccine, will probably not get a vaccine, will definitely not get a vaccine, or are you not sure?	COVACGET	1 = Will definitely get a vaccine 2 = Will probably get a vaccine 3 = Will probably not get a vaccine 4 = Will definitely not get a vaccine 7 = Don't know/Not sure 9 = Refused	Go to next section		
MCOV.03	How many COVID-19 vaccinations have you received?	COVIDNUM	1 One			
			2 Two 3 Three 4 Four or more	Go to MCOV.05		
			7 Don't know / Not sure			

			9 Refused			
				Skip MCOV4 (COVINT) if COVIDNUM = 2 or 3 or 4.		
MCOV.04	Which of the following best describes your intent to take the recommended COVID vaccinations... Would you say you have already received all recommended doses, plan to receive all recommended doses or do not plan to receive all recommended doses?	COVIDINT	1 = Already received all recommended doses 2 = Plan to receive all recommended doses 3 = Do not plan to receive all recommended doses 7 = Don't know/Not sure 9 = Refused			
				If MOCV.03=7 or 9 GOTO next module		
MCOV.05	During what month and year did you receive your (first) COVID-19 vaccination?	COVIDFST	__ / ____ Month / Year 77 / 7777 Don't know / Not sure 09 / 9999 Refused	If respondent indicated only one vaccine do not read word "first"		
MCOV.06	During what month and year did you receive your second COVID-19 vaccination?	COVIDFST	__ / ____ Month / Year 77 / 7777 Don't know / Not sure 09 / 9999 Refused			

Module 9: Cancer Survivorship: Type of Cancer

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If CCHC.06 or CCHC.07 = 1 (Yes) continue, else go to next module.		
MTOC.01	<p>You've told us that you have had cancer. I would like to ask you a few more questions about your cancer.</p> <p>How many different types of cancer have you had?</p>	CNCRDIFF	1 Only one 2 Two 3 Three or more			
			7 Don't know / Not sure 9 Refused	Go to next module		
MTOC.02	At what age were you told that you had cancer?	CNCRAGE	__ Age in Years (97 = 97 and older) 98 Don't know/Not sure 99 Refused		If MTOC.01= 2 (Two) or 3 (Three or more), ask: At what age were you first diagnosed with cancer?	

					Read if necessary: This question refers to the first time they were told about their first cancer.	
				If CCHC.06 = 1 (Yes) and MTOC.01 = 1 (Only one): ask Was it Melanoma or other skin cancer? then code MTOC.03 as a response of 16 if Melanoma or 22 if other skin cancer		
MTOC.03	What kind of cancer is it?	***NEW***	Read if respondent needs prompting for cancer type: 01 Bladder 02 Blood 03 Bone 04 Brain 05 Breast 06 Cervix/Cervical 07 Colon 08 Esophagus/Esophageal 09 Gallbladder 10 Kidney 11 Larynx-trachea 12 Leukemia 13 Liver		If MTOC.01 = 2 (Two) or 3 (Three or more), ask: With your most recent diagnoses of cancer, what type of cancer was it?	

			14 Lung 15 Lymphoma 16 Melanoma 17 Mouth/tongue/lip 18 Ovary/Ovarian 19 Pancreas/Pancreatic 20 Prostate 21 Rectum/Rectal 22 Skin (non-melanoma) 23 Skin (don't know what kind) 24 Soft tissue (muscle or fat) 25 Stomach 26 Testis/Testicular 27 Throat - pharynx 28 Thyroid 29 Uterus/Uterine 30 Other Do not read: 77 Don't know / Not sure 99 Refused			
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Module 10: Cancer Survivorship: Course of Treatment

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If CCHC.06 or CCHC.07 = 1 (Yes) continue, else go to next module.		
MCOT.01	Are you currently receiving treatment for cancer?	CSRVTRT3	Read if necessary: 1 Yes	Go to next module	Read if necessary: By treatment, we mean surgery, radiation therapy,	
			2 No, I've completed treatment	Continue		

					chemotherapy, or chemotherapy pills.	
			3 No, I've refused treatment 4 No, I haven't started treatment 5 Treatment was not necessary 7 Don't know / Not sure 9 Refused	Go to next module		
MCOT.02	What type of doctor provides the majority of your health care? Is it a....	CSRVD0C1	Read: 01 Cancer Surgeon 02 Family Practitioner 03 General Surgeon 04 Gynecologic Oncologist 05 General Practitioner, Internist 06 Plastic Surgeon, Reconstructive Surgeon 07 Medical Oncologist 08 Radiation Oncologist 09 Urologist 10 Other Do not read: 77 Don't know / Not sure 99 Refused		If the respondent requests clarification of this question, say: We want to know which type of doctor you see most often for illness or regular health care (Examples: annual exams and/or physicals, treatment of colds, etc.). Read if necessary: An oncologist is a medical doctor who manages a person's care and treatment after a cancer diagnosis.	
MCOT.03	Did any doctor, nurse, or other health professional ever give you a written	CSRVSUM	1 Yes 2 No 7 Don't know/ not sure 9 Refused		Read if necessary: By 'other healthcare professional', we mean a nurse practitioner, a	

	summary of all the cancer treatments that you received?				physician's assistant, social worker, or some other licensed professional.	
MCOT.04	Have you ever received instructions from a doctor, nurse, or other health professional about where you should return or who you should see for routine cancer check-ups after completing your treatment for cancer?	CSRVRTRN	1 Yes			
			2 No 7 Don't know/ not sure 9 Refused	Go to MCOT.06		
MCOT.05	Were these instructions written down or printed on paper for you?	CSRVINST	1 Yes 2 No 7 Don't know/ not sure 9 Refused			
MCOT.06	With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?	CSRVINSR	1 Yes 2 No 7 Don't know/ not sure 9 Refused		Read if necessary: Health insurance also includes Medicare, Medicaid, or other types of state health programs.	

MCOT.07	Were you ever denied health insurance or life insurance coverage because of your cancer?	CSRVDEIN	1 Yes 2 No 7 Don't know/ not sure 9 Refused			
MCOT.08	Did you participate in a clinical trial as part of your cancer treatment?	CSRVCLIN	1 Yes 2 No 7 Don't know/ not sure 9 Refused			

Module 16: Social Determinants and Health Equity

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
MSDHE.01	In general, how satisfied are you with your life? Are you...		Read: 1 Very satisfied 2 Satisfied 3 Dissatisfied 4 Very dissatisfied 7 Don't know/not sure 9 Refused			
MSDHE.02	How often do you get the social and emotional support that you need? Is that...		Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never			

			7 Don't know/not sure 9 Refused			
MSDHE.03	How often do you feel socially isolated from others? Is it...		Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never 7 Don't know/not sure 9 Refused			
MSDHE.04	In the past 12 months have you lost employment or had hours reduced?		1 Yes 2 No 7 Don't Know/ Not sure 9 Refused			
MSDHE.05	During the past 12 months, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card?		1 Yes 2 No 7 Don't Know/ Not sure 9 Refused			
MSDHE.06	During the past 12 months how often did the food that you bought not last, and you didn't have money to get more? Was that...		Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never			

			7 Don't know/not sure 9 Refused			
MSDHE.07	During the last 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills?		1 Yes 2 No 7 Don't Know/ Not sure 9 Refused			
MSDHE.08	During the last 12 months was there a time when an electric, gas, oil, or water company threatened to shut off services?		1 Yes 2 No 7 Don't Know/ Not sure 9 Refused			
MSDHE.09	During the past 12 months has a lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?		1 Yes 2 No 7 Don't Know/ Not sure 9 Refused			

MSDHE.10	Stress means a situation in which a person feels tense, restless, nervous, or anxious or is unable to sleep at night because their mind is troubled all the time. Within the last 30 days, how often have you felt this kind of stress? Was it...		Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never 7 Don't know/not sure 9 Refused			
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Module 19: Other Tobacco Use

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
			ASK IF CTOB.02 = 1,2			
MOTU.01	Currently, when you smoke cigarettes, do you usually smoke menthol cigarettes?	***NEW***	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
			ASK IF CTOB.04 = 2, 3			
MOTU.02	Currently, when you use e-cigarettes, do you usually use menthol e-cigarettes?	***NEW***	1 Yes 2 No 7 Don't know / Not sure 9 Refused			

	<p>Prologue: The next question is about heated tobacco products. Some people refer to these as “heat not burn” tobacco products. These heat tobacco sticks or capsules to produce a vapor. Some brands of heated tobacco products include iQOS [eye-kos], Glo, and Eclipse.</p>	***NEW***				
MOTU.03	Before today, have you heard of heated tobacco products?	***NEW***	1 Yes 2 No 7 Don’t know / Not sure 9 Refused			

Module 26: Sexual Orientation and Gender Identity (SOGI)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
Prologue	The next two questions are about sexual orientation and gender identity					
				If sex= male (using BIRTHSEX, CELLSEX, LANDSEX) continue, otherwise go to MSOGI.01b.		
MSOGI.01a	Which of the following best represents how you think of yourself?	SOMALE	1 = Gay 2 = Straight, that is, not gay 3 = Bisexual 4 = Something else 7 = I don't know the answer 9 = Refused		Read if necessary: We ask this question in order to better understand the health and health care needs of people with different sexual orientations. Please say the number before the text response. Respondent can answer with either the number or the text/word.	551
				If sex= female		

				(using BIRTHSEX, CELLSEX, LANDSEX) continue, otherwise go to MSOGI.02.		
MSOGI.01b	Which of the following best represents how you think of yourself?	SOFEMALE	1 = Lesbian or Gay 2 = Straight, that is, not gay 3 = Bisexual 4 = Something else 7 = I don't know the answer 9 = Refused	.	Read if necessary: We ask this question in order to better understand the health and health care needs of people with different sexual orientations. Please say the number before the text response. Respondent can answer with either the number or the text/word.	552
MSOGI.02	Do you consider yourself to be transgender?	TRNSGNDR	1 Yes, Transgender, male-to-female 2 Yes, Transgender, female to male 3 Yes, Transgender, gender nonconforming 4 No 7 Don't know/not sure		Read if necessary: Some people describe themselves as transgender when they experience a different gender identity from their	553

			9 Refused		<p>sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual.</p> <p>If asked about definition of gender non-conforming: Some people think of themselves as gender</p>	
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					<p>non-conforming when they do not identify only as a man or only as a woman.</p> <p>If yes, ask Do you consider yourself to be 1. male-to-female, 2. female-to-male, or 3. gender non-conforming?</p> <p>Please say the number before the text response. Respondent can answer with either the number or the text/word.</p>	
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Module 27: Family Planning

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				IF RESPONDENT GREATER THAN 49 YEARS OF AGE, HAS HAD A HYSTERECTOMY, IS PREGNANT, OR IF RESPONDENT IS MALE GO TO THE NEXT MODULE		
PROLOGUE	The next set of questions asks you about your experiences preventing pregnancy and using birth control, also known as family planning. Questions that ask about sexual intercourse are referring to					

	sex where a penis is inserted into the vagina.					
MFP.01	In the past 12 months, did you have sexual intercourse ?		1 Yes			
			2 No	Go to next module		
			7 Don't know/ not sure			
			9 Refused			
MFP.02	Some things people do to keep from getting pregnant include not having sex at certain times of the month, pulling out, using birth control methods such as the pill,		1 Yes		.	
			2 No	GO TO MFP.06		
			7 Don't know/ not sure	GO TO MFP.07		
			9 Refused			

	<p>implant, shots, condoms, or IUD, having their tubes tied, or having a vasectomy.</p> <p>The last time you had sexual intercourse , did you or your partner do anything to keep you from getting pregnant?</p>					
MFP.03	<p>The last time you had sexual intercourse , what did you or your partner do to keep you from getting pregnant?</p>		<p>Read if necessary:</p> <p>01 Female sterilization (Tubal ligation, Essure, or Adiana)</p> <p>02 Male sterilization (vasectomy)</p> <p>03 Contraceptive implant</p> <p>04 Intrauterine device or IUD (Mirena, Levonorgestrel, ParaGard)</p>		<p>IF RESPONDENT REPORTS USING TWO METHODS, PLEASE CODE THE METHOD THAT OCCURS FIRST ON THE LIST. CODE THE OTHER METHOD IN QUESTION 4 (DO NOT ASK QUESTION 4).</p> <p>IF RESPONDENT REPORTS USING MORE THAN TWO METHODS, PLEASE CODE THE METHOD</p>	

			05 Shots (Depo-Provera) 06 Birth control pills, Contraceptive Ring (NuvaRing), Contraceptive patch (Ortho Evra) 07 Condoms (male or female) 08 Diaphragm, cervical cap, sponge, foam, jelly, film, or cream 09 Had sex at a time when less likely to get pregnant (rhythm or natural family planning) 10 Withdrawal or pulling out 11 Emergency contraception or the morning after pill (Plan B or ella) 12 Other method Do not read: 77 Don't know/Not sure 99 Refused		<p>THAT OCCURS FIRST ON THE LIST. OF THE REMAINING METHODS MENTIONED, CODE THE METHOD THAT OCCURS FIRST ON THE LIST IN QUESTION 4 (DO NOT ASK QUESTION 4).</p> <p>IF RESPONDENT REPORTS "OTHER METHOD," ASK RESPONDENT TO "PLEASE BE SPECIFIC" AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY .</p>	
MFP.04	The last time you		Read if necessary:		INTERVIEWER NOTE: IF	

	<p>had sexual intercourse , what else, if anything, did you or your partner do to keep you from getting pregnant?</p>		<p>00 Nothing else 01 Female sterilization (Tubal ligation, Essure, or Adiana) 02 Male sterilization (vasectomy) 03 Contraceptive implant 04 Intrauterine device or IUD (Mirena, Levonorgestrel, ParaGard) 05 Shots (Depo-Provera) 06 Birth control pills, Contraceptive Ring (NuvaRing), Contraceptive patch (Ortho Evra) 07 Condoms (male or female) 08 Diaphragm, cervical cap, sponge, foam, jelly, film, or cream 09 Had sex at a time when less likely to get pregnant (rhythm or</p>		<p>RESPONDENT REPORTS USING MORE THAN ONE ADDITIONAL METHOD, PLEASE CODE THE METHOD THAT OCCURS FIRST ON THE LIST.</p> <p>INTERVIEWER NOTE: IF RESPONDENT REPORTS "OTHER METHOD," ASK RESPONDENT TO "PLEASE BE SPECIFIC" AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.</p>	
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			natural family planning) 10 Withdrawal or pulling out 11 Emergency contraception or the morning after pill (Plan B or ella) 12 Other method Do not read: 77 Don't know/Not sure 99 Refused			
				Ask MFP.05 if respondent indicated method response options 01-08 and 11 in MFP.03 above; else skip MFP.05		
MP.05	Where did you get the [response from Q3] you used when you last had sexual intercourse ?		Read if necessary: 01 Private doctor's office 02 Community health clinic, Community clinic, Public health clinic 03 Family planning or Planned Parenthood Clinic	Go to MFP.07		

			04 School or school-based clinic 05 Hospital outpatient clinic, emergency room, regular hospital room 06 Urgent care center, urgent care or walk-in facility 07 In-store health clinic (like CVS, Target, or Walmart) 08 Health care visit with a pharmacist 09 Website or app 10 Some other place 77 Do not know/ not sure 99 Refused			
MFP.06	Some reasons people might not do anything to keep from getting pregnant might include wanting a pregnancy, not being able to pay		Read if necessary 01 You didn't think you were going to have sex/no regular partner 02 You just didn't think about it 03 You wanted a pregnancy		IF RESPONDENT REPORTS "OTHER REASON," ASK RESPONDENT TO "PLEASE SPECIFY" AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO	

	<p>for birth control, or not thinking that they can get pregnant.</p> <p>What was your main reason for not doing anything to prevent pregnancy the last time you had sexual intercourse ?</p>		<p>04 You didn't care if you got pregnant</p> <p>05 You or your partner didn't want to use birth control (side effects, don't like birth control)</p> <p>06 You had trouble getting or paying for birth control</p> <p>07 You didn't trust giving out your personal information to medical personnel</p> <p>08 Didn't think you or your partner could get pregnant (infertile or too old)</p> <p>09 You were using withdrawal or "pulling out"</p> <p>10 You had your tubes tied (sterilization)</p> <p>11 Your partner had a vasectomy (sterilization)</p> <p>12 You were breast-feeding</p>		<p>ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY</p> <p>.</p>	
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			or you just had a baby 13 You were assigned male at birth 14 Other reasons Do not read: 77 Don't know/Not sure 99 Refused			
MFP.07	If you could use any birth control method you wanted, what method would you use?		01 Female sterilization (Tubal ligation, Essure, or Adiana) 02 Male sterilization (vasectomy) 03 Contraceptive implant 04 Intrauterine device or IUD (Mirena, Levonorgestrel, ParaGard) 05 Shots (Depo-Provera) 06 Birth control pills, Contraceptive Ring (NuvaRing), Contraceptive patch (Ortho Evra) 07 Condoms (male or female)			

			08 Diaphragm, cervical cap, sponge, foam, jelly, film, or cream 09 Having sex at a time when less likely to get pregnant (rhythm or natural family planning) 10 Withdrawal or pulling out 11 Emergency contraception or the morning after pill (Plan B or ella) 12 Other method 13 I am using the method that I want to use 14 I don't want to use any method Do not read: 77 Don't know/Not sure 99 Refused			
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Module 28: Reactions to Race

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
MRTR.01	<p>Earlier I asked you to self-identify your race. Now I will ask you how other people identify you and treat you.</p> <p>How do other people usually classify you in this country? Would you say: White, Black or African American, Hispanic or Latino, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, or some other group?</p>		01 White 02 Black or African American 03 Hispanic or Latino 04 Asian 05 Native Hawaiian or Other Pacific Islander 06 American Indian or Alaska Native 07 Mixed Race 08 Some other group 77 Don't know / Not sure 99 Refused		<p>If the respondent requests clarification of this question, say: "We want to know how OTHER people usually classify you in this country, which might be different from how you classify yourself."</p> <p>Interviewer note: do not offer "mixed race" as a category but use as a code if respondent offers it.</p>	
MRTR.02	<p>How often do you think about your race? Would you say never, once a year, once a month, once a week, once a day, once an hour, or constantly?</p>		1 Never 2 Once a year 3 Once a month 4 Once a week 5 Once a day 6 Once an hour 8 Constantly 7 Don't know / Not sure		<p>The responses can be interpreted as meaning "at least" the indicated time frequency. If a respondent cannot decide between two categories, check the</p>	

			9 Refused		response for the lower frequency. For example, if a respondent says that they think about their race between once a week and once a month, check "once a month" as the response.	
MRTR.03	Within the past 12 months, do you feel that in general you were treated worse than, the same as, or better than people of other races?		1 Worse than other races 2 The same as other races 3 Better than other races 4 Worse than some races, better than others 5 Only encountered people of the same race 7 Don't know / Not sure 9 Refused			
				If EMPLOY1= 3, 5, 6, 7, 8, 9 GOTO [CATI skip pattern: This question should only be asked of those who are "employed for wages," "self-employed," or "out of work for less		

				than one year.”]		
MRTR.04	Within the past 12 months at work, do you feel you were treated worse than, the same as, or better than people of other races?		1 Worse than other races 2 The same as other races 3 Better than other races 4 Worse than some races, better than others 5 Only encountered people of the same race 7 Don’t know / Not sure 9 Refused			
MRTR.05	Within the past 12 months, when seeking health care, do you feel your experiences were worse than, the same as, or better than for people of other races?		1 Worse than other races 2 The same as other races 3 Better than other races 4 Worse than some races, better than others 5 Only encountered people of the same race 7 Don’t know / Not sure 9 Refused		If the respondent indicates that they do not know about other people’s experiences when seeking health care, say: “This question is asking about your perceptions when seeking health care. It does not require specific knowledge about other people’s experiences	
MRTR.06	Within the past 30 days, have you experienced any physical symptoms, for		1 Yes 2 No 7 Don’t know / Not sure 9 Refused			

	example, a headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated based on your race?					
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State-Added Questions

NC Module 3: Secondhand Smoke

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
NC03Q01	The next questions are about exposure to secondhand smoke. On how many of the past 7 days, did someone smoke in your indoor workplace while you were there?	___ N. of days (1-7) 55 Did not work in past 7 days 66 Do not work indoors most of the time 88 None 77 DK/NS 99 Refused	If (CDEM.14 > 2) Go to NC3Q02 (R not employed or self-employed)	
NC03Q02	On how many of the past 7 days, did anyone smoke in your home while you were there?	___ N. of days (1-7) 55 I was not home in past 7 days 88 None 77 DK/NS 99 Refused		
NC03Q03	Do you currently live in a ...	Please read: 1 Detached single-family home (does not share an interior wall) 2 Apartment, condominium, or townhome sharing a wall with another unit 3 A dorm, fraternity /sorority house, or 4 Other type of housing Do not read: 7 DK/NS 9 Refused		
NC03Q04	On how many of the past 7 days, did you smell tobacco smoke from someone else's cigarette, cigar, or pipe drifting into your home from nearby apartments or from outside?	___ N. of days (1-7) 55 I was not home in past 7 days 88 None 77 DK/NS 99 Refused		

NC Module 4: Other Tobacco Products

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
NC04Q01	During the past 30 days, did you smoke cigars, cigarillos, or little cigars?	1 Yes 2 No 7 DK/NS 9 Refused		
NC04Q02	During the past 30 days, have you used a hookah or water pipe?	1 Yes 2 No 7 DK/NS 9 Refused		

NC Module 5: Smoking Cessation

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
			If CTOB.01>1 OR CTOB.02 >2) go to next module (R does not smoke)	
NC05Q01	These next questions are about quitting smoking. In the past 12 months, did any doctor, dentist, nurse, or other health professional advise you to quit smoking cigarettes or using any other tobacco products?	1 Yes 2 No 7 DK/NS 9 Refused		
NC05Q02	Did your doctor or health provider recommend medications and/or discuss methods and strategies other than medication (such as referrals to Quitline, counseling opportunities, or educational materials such as booklets or pamphlets) to assist you to quit smoking?	1 Yes, medications 2 Yes, methods other than medications 3 Yes, both medications & methods other than medications 4 No 7 DK/NS 9 Refused		
			If CTOB.02 >2 go to next module	
NC05Q03	During the past 12 months, have you stopped smoking for one day or longer	1 Yes 2 No 7 DK/NS		

	because you were trying to quit smoking?	9 Refused		
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NC Module 6: Sugar Sweetened Beverages

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
NC06Q01	During the past 30 days, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop.	<p>Please read: You can answer times per day, week, or month: for example, twice a day, once a week, and so forth.</p> <p>1__ Times per day 2__ Times per week 3__ Times per month</p> <p>Do not read 888 None 777 DK/NS 999 Refused</p>		
NC06Q02	During the past 30 days, how often did you drink sugar-sweetened fruit drinks (such as Kool-aid™ and lemonade), sweet tea, and sports or energy drinks (such as Gatorade™ and Red Bull™)? Do not include 100% fruit juice, diet drinks, or artificially sweetened drinks.	<p>Please read: You can answer times per day, week, or month: for example, twice a day, once a week, and so forth.</p> <p>1__ Times per day 2__ Times per week 3__ Times per month</p> <p>Do not read 888 None 777 DK/NS 999 Refused</p>		

NC Module 7: Cardiovascular Health

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
NC07Q01	Following your heart attack, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."	1 Yes 2 No 7 DK/NS 9 Refused	CATI: If CCHC.01 > 1 go to NC07Q02 (never had heart attack)	
NC07Q02	Following your stroke, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."	1 Yes 2 No 7 DK/NS 9 Refused	CATI: If CCHC.03 > 1 go to next module (never had stroke)	

NC Module 8: Heart Attack & Stroke

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
NC08Q01	If you thought someone was having a heart attack or a stroke, what is the first thing you would do?	Please read: 1 Take them to the hospital 2 Tell them to call their doctor 3 Call 911 4 Call their spouse or a family member, OR 5 Do something else Do not read: 7 DK/NS 9 Refused		

NC Module 9: Diabetes Control

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
			CATI: if CCHC.12 > 1 (does not have diabetes), go to next NC Module	
NC09Q01	<p>We have a few more questions about diabetes.</p> <p>Urine tests for protein (microalbuminuria test) check if your kidneys are working properly. When was the last time that you received a urine test for protein?</p>	<p>Read only if necessary</p> <p>1 Within the last 12 months 2 Within the past two years (1 year but less than two years ago) 3 Two or more years 8 Never 7 Don Know/Not sure 9 Refused</p>		
NC09Q02	Has a doctor ever told you that diabetes has affected your kidneys?	<p>1 Yes 2 No 7 DK/NS 9 Refused</p>		
NC09Q03	Including times when checked by a family member or friend, about how often do you check your feet for any sores or irritations?	<p>1 _ _ Times per day 2 _ _ Times per week 3 _ _ Times per month 4 _ _ Times per year 555 No feet 888 Never 777 Don't know / Not sure 999 Refused</p>		
NC09Q04	When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?	<p>Read if necessary: 1 Within the past month (anytime less than 1 month ago) 2 Within the past year (1 month but</p>		

		less than 12 months ago) 3 Within the past 2 years (1 year but less than 2 years ago) 4 2 or more years ago Do not read: 7 Don't know / Not sure 8 Never 9 Refused		
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NC Module 10: Oral Health

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
NC10Q01	In the past year, have you had a dentist or dental hygienist check for oral cancer by pulling on your tongue with gauze wrapped around it, feeling under the tongue and inside the cheeks, and checking the back of your throat?	1 Yes 2 No 7 DK/NS 9 Refused		

NC Module 11: Marijuana Use

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Preamble	The following questions are about marijuana or cannabis. Do not include hemp-based or CBD-only products in your responses.			
NC11Q01	During the past 30 days, on how many days did you use marijuana or cannabis?	__ 01-30 Number of days 88 None 77 Don't know/not sure 99 Refused	Go to closing	Do not include hemp-based CBD-only products.
NC11Q02	When you used marijuana or cannabis during the past 30 days, was it usually:	Read: 1 For medical reasons 2 For non-medical reasons or 3 For <u>both</u> medical and non-medical reasons. Do not read: 7 Don't know/Not sure 9 Refused		

Closing Statement

Read
<p>That was my last question. Everyone's answers will be combined to help us provide information about the health practices of people in this state. Thank you very much for your time and cooperation.</p>